



## ***NEW PRESCRIPTION INSTRUCTIONS***

### ***DO***

- ◆ Do complete this order form yourself. Your physician *is not* required to complete the form
- ◆ Do use this form for:

One person's prescription only  
New maintenance prescriptions only  
More than one prescription if needed

- ◆ Do attach the original prescription(s) to this form

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***When you complete the order form  
attach your prescriptions and mail to:***

***Meds by Mail  
PO Box 20330  
Cheyenne, WY 82003-7008  
1-888-385-0235***

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### ***DON'T***

- ◆ Don't use Meds by Mail for ***URGENT ACUTE*** medications (like antibiotics)
- ◆ Don't delay in taking prescription medications because delivery to your home could take up to 21 days. If you must begin taking your maintenance medications right away, ask your physician to write out *two* prescriptions. Take one prescription, for a one month supply to your local pharmacy and have it filled immediately. Attach the other original prescription to this form and mail it to Meds by Mail at the above address.

***Remember, Meds by Mail cannot accept telephone orders.***

#### **HOW DO I GET MORE ORDER FORMS?**

If you run out of order forms call the Health Administration Center (1-800-733-8387) and ask the Benefits Advisor for more Meds by Mail order forms. You may also photocopy this order form.

#### **HOW DO I GET A REFILL?**

If your physician wrote the prescription with refills, the refill slip will be sent to you with each Meds by Mail delivery. Send in your refill slip as soon as you receive your prescription.



## Patient & Prescription Information

Please Print

Patient's Name (LAST, FIRST)

Patient's SSN & Date of Birth

Today's Date

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Prescription

Name of Medication

Physician's Name

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## Mailing Information

Indicate the address where the prescriptions are to be mailed

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone Number (     ) \_\_\_\_\_ - \_\_\_\_\_

Is this a new address ?     ☐ Yes

☐ No

